



Attorney Docket 023484-0152

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Masamichi IMAMURA
Title: BRAKE PRESSURE ESTIMATING APPARATUS AND METHOD
Appl. No.: 10/651,096
Filing Date: 08/29/2003
Examiner: R. Siconolfi
Art Unit: 3683

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated May 9, 2005, and in the Advisory Action dated September 14, 2005, finally rejecting Claims 1-20 and 23-26.

☐ Applicant claims small entity status.

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below.

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

10/11/2005 SZEWDIE1 00000031 10651096

01 FC:1401
02 FC:1252

500.00 OP
330.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$450.00
<input checked="" type="checkbox"/>	Extension Already Obtained for first month:	\$120.00
	FEE TOTAL:	\$830.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$830.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$830.00 for a Notice of Appeal and a second month extension of time fees is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 7, 2005

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